Effective October 1, 2000									00	18411	67			
CLAIMS AS FILED - PART (Column 1)						(Column 2)			SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			33					RATE		FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC I	FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			33 minus 20=		13			X\$ 9=			OR	X\$18=	234.00	
INDEPENDENT CLAIMS			5 minus 3 =		. 2			X40=			OR	X80=	160.00	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+135=			1	+270=	180.00	
• If	the difference	in column 1 is	ess than zero, enter		"0" in column 2			TOTAL			OR		I A I A	
CLAIMS AS AMENDED - PART II								1014	- נ		OH	OTHER	1104-0	
(Column 1) (Colum						(Column 3)	•	SMAL	TE	NTITY	OR	SMALL		
AMENDMENT A	12/05	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 33	Minus	. 3	3	- Ø,		X\$ 9:	-	1	OŖ	X\$18=		
	Independent	· 5	Minus	***	5	- <i>(</i>		X40=	,		OR	X80≂	7	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									_	. /	OR	+270=		
	/						l	TOT		-0-		TOTAL	-0-	
4	28/06	(Column 1)	<i>.</i>	_(Colur		(Column 3)	_	ADDIT, F	ee L			ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 33	Minus	33		=		X\$ 9=	=	/	OR	X\$18=	/	
	Independent FIRST PRESE	NTATION OF MI	Minus	···S]= ($\lfloor \lfloor$	X40=			OR	X80=		
			200	LIVOLIVI	CCAIII		' [+135:	_1_		OR	+270=		
ADDIT. FEE OF										OR	TOTAL ADDITY FEE			
		(Column 1) CLAIMS	1	(Colur High		(Column 3)	1		_				•	
AMENDMENT C		REMAINING AFTER AMENDMENT	•	NUM PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Š	Total	•	Minus	••				X\$ 9=	.		OR	X\$18=		
A	Independent	•	Minus	***		a	 	X40=	十			X80=		
HRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM														
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+270=		
"If the "Highest Number Previously Pald For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEEC "If the "Highest Number Previously Pald For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEEC												TOTAL ADDIT. FEE		
1	The "Highest Num	ber Previously Pai	d For (Total or	Independe	ent) is the	highest numbe	er four	nd in the	appr	opriate box	in col	umn t.		

Application or Docket Number